

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/28562

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3			1		1	
4			1		1	
5			1			
6			1		1	
7				1		1
8				1		1
9				1		1
10				1		1
11				1		1
12				1		1
13			1		1	
14			1		1	
15			1			
16			1		1	
17				1		1
18			1		1	
19			1		1	
20			1			
21			1		1	
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49						
50						
TOTAL IND.		↓	16	↓	14	↓
TOTAL DEP.	←		8	←	8	←
TOTAL CLAIMS			24		22	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						